 		 		IRECORD
 		DETERM		
A DDI	11 ' A I II 1N		11 N A 1 11 11V	1 BELAIDH

Effective October 1, 2000

Application of Docket Number	ion or Docket Number
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NC30576

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OR	OTHER SMALL I			
TOTAL CLAIMS 4/							ſ	RATE	FEE		RATE	FEE
FOI	3		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			4/ minus 20=		. 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			∠/ minus 3 = *		*	* /		X40=		OR	X80=	8000
MULTIPLE DEPENDENT CLAIM PRESENT							Ì	+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2					olumn 2	L	TOTAL			TOTAL	240.00	
CLAIMS AS AMENDED - PA				- PAR	TII			•	->!=!=!		OTHER SMALL	THAN
		(Column 1)		(Colu		(Column 3)		SMALL		OR I	SWALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent .		Minus	***		=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=		OR	+270=			
						ı	TOTAL		OD.	TOTAL		
ų ir į	ADDIT. FEEOR ADDIT.											
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT B	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AIM	= '		X40=		OR	X80=	
L	FIRST PRESE	NIATION OF M	OLTIPLE DEP	ENDEN	CLAIV			+135=		OR	+270=	
							1	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3))_					
ENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER YOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> </u> =		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ل	+135=		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												